

INTERNSHIP AGREEMENT & REGISTRATION FORM

Please complete form, secure approval of student, faculty supervisor, dean, and site supervisor (attaching emails to document approval will suffice) and return to Career Center for logging and course registration

Last name: _____ First name: _____ Cell phone: _____

Student ID #: _____ E-mail: _____ @indianatech.net

Current GPA: _____ Number of academic hours completed: 0-30 31-60 61-90 91+

Major: _____ Concentration/Minor (if applicable): _____

International Student? YES _____ NO _____ (International students will require CPT work authorization)

Internship Course Registration

Internship course number: _____ Faculty Supervisor/Mentor: (please print) _____

Academic term (semester/year): _____ / _____ Start Date: _____ End Date: _____

***Note: Credit-bearing internships must start and end in the term of registration.**

Internship credits: _____ (Registered credits must reflect at least 40 work hours per credit.)

Have you taken IIT2000 Pre-Internship Seminar? YES _____ NO _____

Internship Site Information

Company name: _____ City & State: _____

Site Supervisor: _____ Site Supervisor phone: _____

Site Supervisor email: _____ Title: _____

Internship start date: _____ Internship duration (# weeks): _____ MOU Agreement Required? YES _____ NO _____

Expected work hours per week: _____ Internship pay rate: \$ _____ per _____ (check if unpaid)

Responsibilities and Outcomes

Internship title and job description (required):
See example

Academic learning objectives / project / deliverable(s) (required): See example

(complete or attach job offer letter)

(complete or attach the basis for final grade)

Student agrees to:

1. Follow through with all academic and professional commitments included in this internship agreement.
2. Report any changes that affect fulfillment of student's responsibilities to employer or course.
3. Maintain frequent contact with faculty supervisor and satisfy all the requirements within stated deadlines.
4. Authorize course registration and pay the appropriate fees for the number of credits registered.

Student Signature: _____

Date: _____

Site Supervisor agrees to:

1. Provide the student with a challenging and meaningful learning experience as outlined in this internship agreement.
2. Provide the student with training and supervision as needed for a safe and effective experience.
3. Communicate with the Indiana Tech Career Center and/or faculty supervisor when appropriate.
4. Complete two evaluations of the student's performance (midway through and upon completion of internship).
5. Reserve the right to discharge the student for just cause after consultation with the Indiana Tech Career Center.

Site Supervisor Signature: _____

Date: _____

Faculty Supervisor agrees to:

1. Oversee the student with respect to the academic and professional commitments included in this internship agreement.
2. Guide and counsel the student in this experience to maximize its contribution to his/her academic and professional development.
3. Visit or communicate via phone or email with the student and the employer to discuss the student's progress.
4. Meet with the student to evaluate the experience following completion of all assignments.
5. Assess/grade the student's academic performance and offer feedback that is substantive and constructive.

Faculty Supervisor Signature: _____

Date: _____

Dean Signature: _____

Date: _____

Financial Aid Disclaimer

DAY students: Any credits registered over 18 are subject to additional charges and require approval from student financial services.

Summer Registration:

In most cases financial aid will NOT be available for summer. Payment options that will be available include payment in full prior to the start of the course or half payment prior to the start of the course and the remaining balance set-up on a 3-month payment plan. Payment plans will need to be in place and set-up prior to the start of the internship.

Cost Calculator: Total credit hours _____ x Cost per credit hour \$ _____ = Total cost \$ _____

Payment Option: In Full _____ Payment Plan _____

Student Financial Services Signature: _____

Date: _____

Career Center

Agreement received, verified as complete, and logged into Career Center database.

Career Center Signature: _____

Date: _____

Registrar's Office

Course added to student's schedule as requested.

Registrar's Office Signature: _____

Date: _____